No. C 132340		Due no later than Jan 31, 2015	2.	2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form		JODY BOYD RAWLINGS				
		1. Mailing Address: Correct in this box if needed. SPINE & SPORT PHYSICAL THERAPY, P.C. CHENE C CRAM 217 N 2ND E REXBURG ID 83440 USA		217 N 2ND E REXBURG 83440 3. New Registered Agent Signature:*				
Office Held	Name	Street or PO Address	С	ity	State	Country	Postal Code	
SECRETARY	CHENE C CF	RAM 4088 E 450 N	R.	IGBY	ID	USA	83442	
5. Organized Under the Laws of:		6. Annual Report must be signed.*	st be signed.*					
ID		Signature: CHENE CRAM		Date: 11/20/2014				
C 132340		Name (type or print): CHENE CRAM Title: OFFICE MANAGER						
Processed 11/20/20	14	* Electronically provided signatures are accepted as original si	gnatui	res.				